## UNITED STATES DISTRICT COURT

for the

Eastern District of New York

UNITED STATES OF AMERIC STATE OF NEW YORK, ex re OF NEW JERSEY, ex	el, YNKDY-2, STATE	) ) )
Plaintiff(s)		)
V.		Civil Action No. 16-CV-1090
Shiel Medical Laboratory; S Fresenius Medical Care; BIM Basch; Does 1-10, Inc	l Medical, Inc.; Jack	
Defendant(s	)	)
	SUMMONS IN	N A CIVIL ACTION (SECOND AMENDED COMPLAINT)
To: (Defendant's name and address)	Fresenius Medical Car 920 Winter Street Waltham, MA	re Holdings, Inc., (previously named as Doe #2)
are the United States or a United P. 12 (a)(2) or (3) — you must sthe Federal Rules of Civil Process whose name and address are:	rvice of this summons on yad States agency, or an officerve on the plaintiff an aredure. The answer or motion	you (not counting the day you received it) — or 60 days if you cer or employee of the United States described in Fed. R. Civ. aswer to the attached complaint or a motion under Rule 12 of ion must be served on the plaintiff or plaintiff's attorney,
		10011; 212-989-6187; sjmarcus@aol.com
Mark Allen Kleiman (CSB 115919) Ste. 810, Los Angeles, CA 90025; 3	(pro hac vice), Pooja Rajaram ( 10-392-5455 mkleiman@quitan	CSB 241777) (pro hac vice); KLEIMAN/RAJARAM, 12121 Wilshire Blvd., n.org, prajaram@quitam.org
Howard L. Pierce, (NY HP5655), H. pierceh@halloransage.com	ALLORAN SAGE, LLP, One C	Goodwin Square, 225 Asylum Street, Hartford, CT 06103, 860-548-000,
If you fail to respond, ju You also must file your answer	•	e entered against you for the relief demanded in the complaint.
		BRENNA B. MAHONEY CLERK OF COURT
Date:		
		Signature of Clerk or Deputy Clerk

Civil Action No. 16-CV-1090

## PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (1))

ceived by me on (date)	·		
☐ I personally served	the summons on the individual a	t (place)	
		on (date)	; or
☐ I left the summons	at the individual's residence or us	sual place of abode with (name)	
	, a person	of suitable age and discretion who res	sides there,
on (date)	, and mailed a copy to the	he individual's last known address; or	
☐ I served the summer	ons on (name of individual)		, who i
designated by law to	accept service of process on beha		
		on (date)	; or
☐ I returned the sum	mons unexecuted because		; 01
☐ Other (specify):			
My fees are \$	for travel and \$	for services, for a total of \$	0.00
I declare under penalt	y of perjury that this information	is true.	
		Server's signature	
		Printed name and title	

Additional information regarding attempted service, etc: